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Governor

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Attachment A

Food Supplement Employment and Training Program

Organizational Assessment for Third-Party Reimbursement Model

Organization Name	Contact Name and Title
Mailing Address	Email
Date	[Date]
	Phone

The following information is intended to be utilized by your organization and the Department to assess readiness to provide Food Supplement Employment and Training services using a third-party reimbursement model. More information about SNAP E&T is at <https://www.fns.usda.gov/snap/et-policy-and-guidance>, and should be used as guidance and standards for information provided in this assessment.

Please provide the following information about your organization:

1. Organization Type. Please select all that apply:

- ☐ Provider of job readiness
- ☐ Provider of workforce training
- ☐ Adult Education provider
- ☐ Community agency, non-profit, or other local agency
- ☐ Provider of occupational skills training
- ☐ Community college, college, or university
- ☐ Provider of other supportive services
- ☐ Other: (Please Specify):

2. What areas of Maine do you serve?

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Please specify, and if expansion is proposed, identify what areas would be served for FSET:

Services Provided and Assessment Process

3. What is your formal process for assessing clients' skills, strengths, educational background, and supportive services needed prior to the start of training and/or education?

- ☐ Not Applicable
- ☐ Interview
- ☐ Questionnaire
- ☐ Written test
- ☐ Group Activity
- ☐ Other Strategies (please describe)
-

4. What tools does your organization use for assessment of clients' skills and strengths?

- ☐ Not Applicable

Please Specify tools and description:

5. Does your organization provide any of the following educational and training services? Please select all that apply.

	Directly Provide	Contract Out	Refer Out
a. Basic education (ESL, literacy, GED, HISET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vocational education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Training in general/workplace skills (soft skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pre-apprenticeship or apprenticeship programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Internship and/or on-the-job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Post-secondary education (non-degree)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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g. Post-secondary education (degree)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Industry recognized certificates/credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Entrepreneurship/self-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Access to labor market information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Job search assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Job placement assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Job retention services (e.g. coaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your organization provide any of the following supportive services to your clients? Please select all that apply.

	Directly Provide	Contract Out	Refer Out
a. Career counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child care assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Housing services (including transitional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Heating, LIHEAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Assistance with training or pre-employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Health care assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Financial literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Parenting assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other: Please specify			

6. Does your organization provide or fund training or education (including non-degree, industry recognized credentials or certificates) in any of the following areas? Please select all that apply:

☐ Not Applicable

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- ☐ GED/HISET
 - ☐ English as a Second Language (ESL)
 - ☐ Healthcare
 - ☐ Culinary
 - ☐ Manufacturing
 - ☐ Construction
 - ☐ Office occupations
 - ☐ Logistics/transportation
 - ☐ Customer Service
 - ☐ Other: (Please specify):
-

7. How many clients did your agency provide employment, training services or education to in the last program year?

- ☐ 0-25
- ☐ 26-100
- ☐ 101-500
- ☐ more than 500

Outcomes

8. Please share your outcomes in serving low income individuals over the past one to three program years (i.e., completers, credential attainment, employment status, wages, retention) in programs in which you would enroll FSET participants:

Please specify and attach additional information as necessary:

Tracking Data

SNAP E&T programs require multiple organizations to collaborate and share defined data sets about the clients they are serving. It is also critical to quantify the impact and outcomes of these programs. In the interest of these two objectives, we want to better understand the data that you already collect about your clients.

9. Does your organization's database track the following information about your customers' socioeconomic, parental and background information? Please select all that apply:

- ☐ Not Applicable
 - ☐ Income level
 - ☐ Eligibility for or receipt of SNAP (Food Supplement)
 - ☐ Eligibility for or receipt of TANF
 - ☐ Eligibility for or receipt of MaineCare
 - ☐ Medical insurance
 - ☐ Disability status
 - ☐ Criminal background status
 - ☐ Driver's license
 - ☐ Child support owed
 - ☐ Pre-employment status, current employment status, and wages
 - ☐ Parental status
 - ☐ Parental custodial or noncustodial status
 - ☐ Other: Please specify:
-

10. Of the population served by your organization, what percent are low-income households (200% of Federal Poverty Level)?

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-100%

Sources of Non-Federal Funding and Tracking and allocating Funds

Maine is moving its FSET program to a 50-50 program model, where organizations receive up to 50% reimbursement for services provided and funded with eligible non-federal funds. Sources may include state, local, community based organizations, community colleges, foundation grants, etc. Non-federal funds must meet all three of the following criteria: 1) non-federal funds; 2) not committed as match for other federally funded programs; and 3) available throughout the federal fiscal year (October 1 through September 30). Bidders must complete the funding source table as part of their quote that documents these non-federal sources.

Once services and supports have been rendered to eligible individuals open on Food Supplement, contracted organizations invoice for their allowable FSET expenses. Upon review and approval of the invoice, organizations will be reimbursed for 50% of the invoice amount. This reimbursement loses its identify as a federal source and becomes allowable as a non-federal source to further expand E&T programming.

This model requires significant knowledge about cost allocation methodology and close monitoring of funds. Therefore, we want to better understand your organization's experience in tracking and allocating costs for a program that has multiple streams with restrictions- allowable and non-allowable costs.

In addition to the non-federal funds source table in the quote, please provide the following information about the eligible funds your organization has available.

11. Does your organization have funding available for employment and training services that meet all three of the following criteria: 1) non-federal funds; 2) not committed as match for other federally funded programs; and 3) available throughout the federal fiscal year (October 1 through September 30) for which your organization would provide services?

- ☐ Yes
- ☐ No
- ☐ Not Sure

12. What are those specific funding streams? Please check all that apply.

- ☐ Not applicable
- ☐ Grants from foundations
- ☐ Grants from employers
- ☐ State funds
- ☐ Local community agency funds
- ☐ Internal organization funds
- ☐ Other

Please Specify:

Tracking and Allocating Costs

13. Does your organization have experience with allocating costs and expenses for programs with multiple funding streams?

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- ☐ Yes
- ☐ No
- ☐ Not Sure

14. Does your organization already allocate costs and expenses to other federal, state, or local grants?

- ☐ Yes
- ☐ No
- ☐ Not sure

15. How much experience does your agency have in allocating costs and expenses for programs with multiple funding streams?

- ☐ None
- ☐ Limited experience (1-2 streams)
- ☐ Moderate experience (3-4 streams)
- ☐ Extensive experience (5 or more streams)

16. How many grants has your organization received and managed in the last three fiscal years?

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ more than 10

17. How many State of Maine contracts has your organization received and managed in the last three fiscal years?

- ☐ 0
- ☐ 1-5
- ☐ 6-10
- ☐ more than 10

18. Please describe a federal or state grant that your organization managed exceptionally well.

Partnerships

Because SNAP E&T requires a collaborative service model, we want to identify the partnerships that are already in place.

19. Has your organization established education, training, employment and support services partnerships with any of the following?
Please check all that apply.

- ☐ Not applicable
- ☐ Maine Department of Health and Human Services

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Please specify which Divisions and Offices:

-
- ☐ Other Maine State Government Departments

Please Specify:

-
- ☐ Community colleges
☐ Colleges and universities
☐ Federal government

Please specify which agency:

-
- ☐ Community-based providers of workforce training
☐ Providers of wrap-around supportive services
☐ Workforce Investment Board (WIB) or WIOA
☐ Trade unions
☐ Associations
☐ Other: (Please Specify):

20. How does your organization identify local labor market needs? Please select all that apply:

- ☐ Not Applicable
☐ Advisory council of business leaders
☐ Partnerships with large organizations in specific industries (e.g. hospitals, manufacturers, construction)

Please specify:

-
- ☐ Partnerships with small and minority business organizations
☐ Research and analysis of local labor market data
☐ Research and analysis of U.S. Department of Labor market information
☐ Research and analysis of Maine Department of Labor market information
☐ Partnership with local Workforce Investment Board (WIB) or WIOA
☐ Partnerships with trade unions, industry trade groups/associations
☐ Other

Please specify:

21. Please share how employers contribute to your programming:

- ☐ Hire graduates (more than one time)
- ☐ Host internships/externships
- ☐ Host apprenticeships and/or on-the job training
- ☐ Workfare/volunteering opportunities
- ☐ Conduct mock interviews
- ☐ Serve as mentors/coaches
- ☐ Provide tours
- ☐ Serve on advisory boards
- ☐ Participate in on-going E&T program design
- ☐ Contribute financially
- ☐ Provide in-kind donations
- ☐ Other

Please specify:

22. Please identify organizations that represent your most successful partnerships and briefly describe the partnership:

Please specify:
